ENGAGING LARGE EMPLOYERS REGARDING
Evidence-Based
Behavioral Health Treatment

An Employer's Implementation Toolkit for Comprehensive Behavioral Health Services

PART II: TOOL 4
REQUEST FOR PROPOSAL & PROPOSAL SCORING TOOL

- General Medical Benefits
- Behavioral Health Benefits
- Pharmacy Benefit Management
- Condition Management
- Disability
- Employee Assistance Program

September 2010
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### Practice Recommendation 1.1

All patients with a chronic or persistent medical condition should be screened for depression.

### Objectives

- To identify patients with potentially high-cost medical conditions who would benefit from the effective treatment of depression.
- To minimize the cost impact of a co-morbid depression condition through quicker diagnosis.

### Administrative Guidance

Several brief depression screening instruments have been developed for use by primary care and other general medical providers and validated in privately insured populations. Specific examples include but are not necessarily limited to:

- **The Patient Health Questionnaire-2**
- **The Patient Health Questionnaire-9**
  - [http://www.americangeriatrics.org/education/dep_tool_05.pdf](http://www.americangeriatrics.org/education/dep_tool_05.pdf)

Provider administration of the screening/reassessment instrument should be reimbursable as a lab fee in its own right rather than bundled with the office visit fee.

### 1.1a RFP-Q

**Does the health plan administrator (MCO/HMO) require providers to screen patients being treated for a chronic or persistent medical illness for depression, using a standardized instrument? [Yes / No]**

### Suggested Follow-up Question

A) **If yes, indicate the method(s) used by the MCO/HMO to support this Practice Recommendation (select all that apply):**

   i) Specific provisions contained in provider contract (e.g., reference to instruments such as the Emotional Health Inventory or the Patient Health Questionnaire).

   ii) Provider communication materials that address the Practice Recommendation (e.g., administrative or clinical practice manual, training or related materials).

   iii) Provider compliance is verified at time of payment.

   iv) Provider compliance is assessed as part of provider evaluation methodology (e.g., chart audit).

   v) Other: ____________________________________

### RFP Evaluation Criteria

The MCO/HMO technical response should address:

A) Specific policies as well as administrative and reimbursement procedures that support depression screening of patients in the medical setting.
| B) | Methods of establishing expectations with providers for depression screening of patients. |
| C) | Methods of monitoring provider compliance with referenced policies and procedures. |
| D) | Peer-reviewed literature that supports use of the depression screening tools that are referenced. |

### 1.1b RFP-Q

**Does the MCO/HMO reimburse depression screening procedures as a unique lab test?** [Yes / No]

### Suggested Follow-up Question

A) If yes, list the applicable CPT codes supported by the plan and covered providers eligible to perform this screening: ____________________

### RFP Evaluation Criteria

The MCO/HMO technical response should address:

A) Specific policies as well as administrative and reimbursement procedures that support depression screening of patients in the medical setting.

B) Methods of establishing expectations with providers for depression screening of patients.

C) Methods of monitoring provider compliance with referenced policies and procedures.

D) Peer-reviewed literature that supports use of the depression screening procedures that are referenced.
## RFP & Proposal Scoring Tool
### General Medical

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<th>Approved providers should be reimbursed for screening, assessing and diagnosing behavioral health conditions as a primary or secondary health condition.</th>
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### Objectives

- To support adequate documentation of the incidence, prevalence, treatment, and outcomes of common behavioral health conditions in the medical environment.
- To provide the information necessary to correct missing or inaccurate clinical/diagnostic information that potentially impedes plan administrators’ ability to monitor and improve network performance, provider quality and patient outcomes.
- To minimize the cost impact of a co-morbid depression condition through quicker diagnosis and effective treatment.

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<th>1.2 RFP-Q</th>
<th>Does the MCO/HMO reimburse approved providers for screening, assessing, and diagnosing behavioral health conditions as a primary or secondary health condition? [Yes / No]</th>
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### Suggested Follow-up Questions

**A)** If yes, indicate the type(s) of services addressed by these policies and procedures (select all that apply):

- i) Depression screening
- ii) Behavioral health assessment and diagnostic services
- iii) Behavioral health treatment services

**B)** If yes, indicate the method(s) used by the MCO/HMO to support this Practice Recommendation (select all that apply):

- i) Specific provisions contained in approved provider contract(s).
- ii) Provider communication materials that clearly address the Practice Recommendation, including whether non-behavioral health specialists are to be reimbursed for treatment services for behavioral health conditions (e.g., administrative or clinical practice manual, training or related materials).
- iii) Provider compliance is assessed as part of provider evaluation methodology (e.g., chart or claims audit).
- iv) Other: ____________________________

### Suggested Evaluation Criteria

The MCO/HMO technical response should address:

**A)** Specific policies as well as administrative and reimbursement procedures that address provider screening, assessment and diagnosis activities, including the extent to which non-behavioral health specialists are to be reimbursed for treatment services for behavioral health conditions.

**B)** Provider communication materials that support the Practice Recommendation.

**C)** Methods of monitoring provider compliance with referenced policies and procedures (e.g., chart or claims audit).
### Practice Recommendation 1.3

Employers should provide benefit coverage and ensure that providers adopt the key elements of “collaborative care” for patients who are diagnosed with a behavioral health disorder but are principally treated in a medical setting.

### Objectives

- To ensure that employees and dependents with behavioral health conditions, particularly depression and anxiety, receive effective, evidence-based care.
- To increase the coordination of behavioral health treatment with general medical treatment when a non-behavioral specialist physician diagnoses behavioral health conditions.

### Administrative Guidance

“Collaborative care” is a term that incorporates several key components, all of which should be covered by the employer’s general medical benefit:

1. **Screening for behavioral disorders to identify the symptoms associated with a behavioral health diagnosis.**
2. **Assessment to confirm a behavioral health diagnosis.**
3. **Patient education to help the patient select treatment options.**
4. **Treatment (i.e., pharmacotherapy and/or psychotherapy).**
5. **Face-to-face and telephone care management by a qualified professional who works with and is supervised by the primary care provider (PCP).** The professional:
   - Coordinates patient education on the behavioral health diagnosis and helps the patient select treatment options.
   - Coordinates an initial treatment plan with the primary care provider and the patient.
   - Works with the patient to implement and support the treatment plan, including monitoring patient progress.
   - Tracks clinical outcomes according to the treatment plan outlined by the primary care provider and works with the PCP to adjust treatment (including making a referral for specialty care, as needed) in cases of lack of progress or adverse effects, and
   - Documents all activities relating to each case in a file to be stored with the patient’s medical record.
6. **Provides clinical consultation to the PCP and/or care manager from a qualified behavioral health specialist.**

MCO/HMOs should reference these components as a group of services, and they should maintain and provide access to current protocols that support the delivery of “collaborative care” services.

### RFP-Q 1.3

**Does the MCO/HMO promote the approved provider’s efforts to adopt and maintain key aspects of collaborative care when treating depression in the general medical setting?** [Yes / No]

### Suggested

**A) If yes, indicate the components supported by the MCO in support of collaborative care:**

i) **Screening for behavioral disorders to identify the symptoms associated with a**
### Follow-up Question

- Behavioral health diagnosis
  - ii) Assessment to confirm a behavioral health diagnosis
  - iii) Patient education to help the patient select treatment options
  - iv) Treatment (i.e., pharmacotherapy and/or psychotherapy)
  - v) Face-to-face and telephone care management by a qualified professional who works with and is supervised by a primary care provider (PCP), and/or
  - vi) Clinical consultation provided by a qualified specialty behavioral health provider to the PCP and/or care manager
  - vii) Other: ____________________________

### Suggested Evaluation Criteria

The MCO technical response should address:

- A) Specific policies as well as administrative and reimbursement procedures that support collaborative care services in the primary care setting
- B) Methods of coordinating collaborative care efforts with behavioral health vendors/plan administrators
- C) Methods of establishing expectations for collaborative care with providers
- D) Methods of monitoring provider compliance with referenced policies and procedures
- E) Peer-reviewed literature that supports using the patient management protocols that are referenced.
## RFP & Proposal Scoring Tool

### General Medical

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<th>Practice Recommendation 1.4</th>
<th>Management of a behavioral health referral is the responsibility of the approved general medical provider who makes the referral.</th>
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### Objectives

- To ensure that patients are monitored and there is coordination between approved providers in the medical setting and behavioral health specialists.
- To ensure that employees and dependents with a behavioral health condition, particularly depression and anxiety, receive effective, evidence-based care.
- To increase the coordination of behavioral health care with general care when it is delivered in the general medical setting.
- To ensure that each patient has a regularly updated treatment plan.

### Administrative Guidance

All communication should be consistent with HIPAA requirements and any other state privacy or confidentiality guidelines (Employers Guide, pg. 67-68).

### 1.4 RFP-Q

Does the MCO/HMO require approved general medical providers who refer patients for specialty behavioral health services to actively coordinate and monitor (manage) each patient’s treatment? [Yes / No]

### Suggested Follow-up Question

A) If yes, indicate the method(s) used by the MCO/HMO to support this Practice Recommendation (select all that apply):

i) Provider network management practices include a process for monitoring approved provider referral success rates.

ii) Clinical outcome system includes behavioral health metrics for members primarily treated in a general medical setting.

iii) Specific provisions are included in approved provider contract.

iv) Provider communication materials address the Practice Recommendation (e.g., administrative or clinical practice manual, training or related materials).

v) Provider compliance is assessed as part of provider evaluation methodology (e.g., chart audit).

vi) Other:

### Suggested Evaluation Criteria

The MCO/HMO technical response should address:

A) Specific care management policies and procedures that address approved provider referral and monitoring activities. At a minimum, these practices should require the following:

i) The approved provider should document in the medical record that the patient was referred, the reason for the referral. If applicable, the provider should notify the MBHO that a referral was made.

ii) If the approved provider continues to be involved in the general medical treatment...
of the patient, the provider should continue to monitor the person’s behavioral health condition when he or she is seen for a general health condition.

*Additionally, a best practice would include the following:*

iii) The approved provider, with the patient’s permission, should contact the specialty care clinician and communicate the need for referral and any other relevant clinical data.

iv) Assuming that the approved provider’s office has the needed resources, staff should check with the behavioral health specialist to verify that the patient was seen. On the other hand, if the patient was referred to his/her MBHO referral service, the approved provider should contact the MBHO to facilitate follow-up care.

v) Provider communication materials that support the practice.

vi) Methods for monitoring provider compliance with referenced policies and procedures (e.g., chart or claims audit).
### RFP & Proposal Scoring Tool

#### General Medical

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<th>Practice Recommendation 1.5</th>
<th>When treatment for a behavioral health condition, including prescriptions for psychotropic medication, is administered by an approved general medical provider, the diagnosis should be documented in the patient’s medical record.</th>
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| **Objectives**             | - To increase the effectiveness and efficiency of treating behavioral health conditions in order to improve health outcomes, reduce long-term costs and ensure proper treatment.  
- To support adequate documentation of the incidence, prevalence, treatment, and outcomes of common behavioral health conditions diagnosed and/or treated.  
- To secure the information necessary to drive quality assurance and improvement in psychotropic medication. |
| **1.5 RFP-Q**              | **Does the MCO/HMO require approved providers who administer treatment for a behavioral health condition including a prescription for psychotropic medication, to document a behavioral health diagnosis in the patient’s record?**  
[Yes / No] |
| **Suggested Follow-up Question** | **A) If yes, indicate the method(s) used by the MCO/HMO to support this Practice Recommendation (select all that apply):**  
  i) Specific provisions regarding the provider’s documentation of the patient’s diagnosis are contained in the contract with approved providers.  
  ii) Provider communication materials address the Practice Recommendation (e.g., administrative or clinical practice manual, training or related materials).  
  iii) Provider compliance is assessed as part of provider evaluation methodology (e.g., chart audit).  
  iv) Other: __________________________________________ |
| **Suggested Evaluation Criteria** | **The MCO/HMO technical response should address:**  
**A) Methods used to insure that providers:**  
  i) register the diagnosis(es) for which psychotropic medication(s) in the patient’s medical record,  
  ii) provide information supporting the diagnosis, including time course and patterns of symptom development, including current symptoms of severity,  
  iii) document attempts to obtain historical information from collateral sources when appropriate, and  
  document obtaining receipt of information and coordination of care with previous providers when feasible and appropriate. |
### RFP & Proposal Scoring Tool

#### General Medical

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<th>Practice Recommendation 1.6</th>
<th>Managing treatment for depression should be the responsibility of the approved provider who diagnoses and initiates treatment.</th>
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| Objectives                  | • To ensure that patients treated for a behavioral health condition by an approved provider have a treatment plan.  
• To ensure that treatment plans are documented in a patient’s medical record.  
• To ensure that a patient’s response to treatment is periodically reviewed and the treatment plan revised accordingly. |
|-----------------------------|----------------------------------------------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>1.6 RFP-Q</th>
<th>Does the MCO/HMO require approved providers who diagnose and initiate treatment for a behavioral health condition to manage the treatment? [Yes / No]</th>
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</table>

| Suggested Follow-up Question | A) If yes, indicate the method(s) used by the MCO/HMO to support this Practice Recommendation (select all that apply):  
   i) Specific provisions contained in provider contract.  
   ii) Provider communication materials that address the Practice Recommendation (e.g., administrative or clinical practice manual, training or related materials).  
      a) The patient’s medical record should indicate the diagnosis for which psychotropic medications are prescribed.  
      b) The treatment record should include a treatment plan, treatment actions and regular follow-up and monitoring activities.  
      c) The treatment plan should contain documentation that specifically addresses the patient’s clinical condition (e.g., statement of problem, treatment goals and methods, and prognosis).  
      d) Provider compliance is validated at time of payment.  
   iii) Provider compliance is assessed as part of provider evaluation methodology (e.g., chart audit). |
|-----------------------------|----------------------------------------------------------------------------------------------------------------|

| Suggested Evaluation Criteria | The MCO/HMO technical response should address:  
A) Specific policies as well as administrative and reimbursement procedures that support approved providers in diagnosing, initiating and managing the treatment of a behavioral health condition.  
B) Methods of establishing treatment management expectations with approved providers.  
C) Methods of monitoring provider compliance with referenced policies and procedures.  
D) Peer-reviewed literature that supports the treatment management methods that are referenced. |
|-----------------------------|----------------------------------------------------------------------------------------------------------------|

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### General Medical

#### Practice Recommendation 1.7

Guidelines for prescribing and monitoring psychotropic medication should be adopted and reviewed annually by plan administrators.

#### Objectives

- To ensure that approved providers in the medical setting and behavioral health specialists who prescribe and monitor patients treated with psychotropic medications adopt nationally accepted practice guideline(s).
- To support the use of evidence-based methods of prescribing psychotropic medication.
- To standardize prescribing methods such as psychotropic medication dosing guidelines.

#### 1.7 RFP-Q

**Does the MCO/HMO require approved providers to adopt nationally accepted practice guideline(s) for prescribing and monitoring psychotropic medications? [Yes/No]**

#### Suggested Follow-up Question

A) If yes, indicate how the MCO/HMO evaluates provider performance against the adopted practice guidelines for prescribing and monitoring psychotropic medications (select all that apply):

i) Nationally accepted practice guidelines that address issues such as drug-drug interactions, excessive dosing, over / under utilization of essential medications, and clinically appropriate management of medication costs.

ii) A combination of practice guidelines that includes both guidelines that reflect nationally accepted practice guidelines and guidelines based on proprietary criteria.

iii) A proprietary set of practice guidelines that are supported by the MCO’s experience data.

iv) Other: __________________________

#### Suggested Evaluation Criteria

The MCO/HMO technical response should address:

A) Drug interactions, excessive dosing, over / under utilization of essential medications, and clinically appropriate management of medication costs.

B) The practice guidelines can be based on a combination of peer-reviewed literature, federal government referenced guidelines, and/or proprietary criteria. If proprietary criteria / internal data are referenced, the vendor should be willing to share these guidelines using appropriate nondisclosure agreements.
## General Medical

### Practice Recommendation 1.8
Plan administrators should conduct an annual performance assessment of network providers’ performance, measured against the prescribing and monitoring guidelines adopted by the employer.

### Objectives
- To inform systematic quality improvement activities for psychotropic medication prescribing practices.

### Administrative Guidance

[http://www.psychiatrist.com/pcc/pccpdf/v05s07/v05s0702.pdf](http://www.psychiatrist.com/pcc/pccpdf/v05s07/v05s0702.pdf)

### RFP-Q 1.8

**Does the MCO/HMO evaluate the performance of its provider network against the practice guidelines adopted by the employer for prescribing and monitoring medication?** [Yes/No]

**Suggested Follow-up Question**

A) If yes, indicate how the MCO/HMO evaluates network provider performance against the adopted practice guidelines for prescribing and monitoring medications (select all that apply):

i) The MCO/HMO regularly evaluates prescription patterns, patient usage data by drug class, and approved provider adherence to specific plan recommendations regarding the use of medications for specific diagnoses.

ii) The MCO/HMO analyzes provider performance on an annual basis and provides employers with a summary of the data collected, a summary of identified compliance problems, and plans to address these problems.

iii) The MCO/HMO includes periodic review and adjustments to relevant formularies based on the referenced analysis.

iv) Other: ______________________________________________________

**Suggested Evaluation Criteria**

Vendor responses should include detailed protocols that address each of the following elements:

A) Drug interactions, excessive dosing, overuse or underuse of essential medications, and clinically appropriate management of medication costs.

B) The practice guidelines can be based on a combination of peer-reviewed literature, federal government referenced guidelines, and/or proprietary criteria.

C) If proprietary criteria/internal data are referenced, the vendor should be willing to share these guidelines using appropriate nondisclosure agreements.
### RFP & Proposal Scoring Tool
#### General Medical

<table>
<thead>
<tr>
<th>Practice Recommendation 1.9</th>
<th>Plan administrators should adopt standardized measurement and reporting on prescribing patterns.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives</td>
<td>• To base quality improvement activities on reporting models which assess and identify gaps in adherence and the resulting improvement opportunities. Employers should request that standardized reporting be developed to support information benchmarking and sharing. The standardized reporting should include a summary of the data collected, any problems that were identified, and a performance plan to address these problems.</td>
</tr>
<tr>
<td>1.9 RFP-Q</td>
<td>Does the MCO/HMO adopt standardized measurement and reporting on the prescribing patterns of approved providers? [Yes/No]</td>
</tr>
</tbody>
</table>
| Suggested Follow-up Question | A) If yes, indicate the type of standardized measurement and reporting the MCO/HMO has adopted (select most appropriate response):  
  i) Measurement and reporting is based on nationally accepted practice guidelines that address issues such as drug-drug interactions, excessive dosing, over/under utilization of essential medications and clinically appropriate management of medication costs.  
  ii) A combination of practice guidelines that includes both guidelines that reflect nationally accepted practice guidelines and guidelines based on proprietary criteria.  
  iii) Measurements and reporting are a proprietary set of practice guidelines that are supported by the MCO/HMO’s experience data.  
  iv) Other: ____________________________________________ |
| Suggested Evaluation Criteria | Vendor response should address each of the following elements:  
A) The vendor has implemented an integrated performance improvement plan and describes how it maintains a structured reporting system, which is fully compatible with data warehouse vendors and data management systems.  
B) The response includes the scientific basis for the standardized measurement and reporting -- consisting of peer-reviewed literature, federal government referenced guidelines, and/or proprietary criteria.  
C) If proprietary measurement and reporting are referenced, the vendor should be willing to share these guidelines using appropriate nondisclosure agreements. |
## Practice Recommendation

### 2.2

The plan administrator should conduct an annual assessment of access to evidence-based treatment options for individuals (including children) with serious mental illness.

### Objectives

- To ensure that all plan members have access to evidence-based interventions for serious mental illness.
- To verify that behavioral health plan administrators are well informed of a range of evidence-based interventions to support children and adults with behavioral health conditions.

### Administrative Guidance

The recommended evidence-based treatment modalities include:

- **Targeted Clinical Case Management**: Case management can be implemented as part of a disease management program within the health plan(s), or it may stand alone as a feature to promote the coordination of care for patients who have not responded to traditional treatment services. It is recommended that, at a minimum, case management services include:
  - Outreach services
  - Assessment services
  - Treatment plan development
  - Arrangements for service delivery (e.g., referrals)
  - Monitoring of services

- **Assertive Community Treatment (ACT) Programs**: At a minimum, ACT/PACT programs should include:
  - Services targeted to individuals with specific serious mental illnesses
  - A comprehensive and flexible range of treatment services tailored to the patient’s needs, all provided by the same treatment team, that include case management, medication management, psychosocial rehabilitation and crisis intervention services
  - Interventions provided in a more natural setting rather than in hospital or clinic settings
  - Services that are available on a 24–hour basis
  - A low staff-to-patient ratio

- **Therapeutic Nursery Services or Therapeutic Behavioral Services (TBS)**: TBS is an intensive treatment program provided by a multidisciplinary team of providers led by a physician. TBS is generally for children ages 5 to 8 with serious behavior problems. The program should provide a range of services, including assessment, behavioral intervention, medications (if appropriate) and case management, all based on a treatment plan.
**Therapeutic Group Homes:** Therapeutic group homes are generally for adolescents who cannot be effectively treated at home but do not require inpatient hospitalization. At a minimum, therapeutic group home interventions should have the following components: a group home led by specially trained staff that provides an array of therapeutic interventions including individual psychotherapy, group therapy and behavior modification therapy.

### 2.2 RFP-Q

**Does the MBHO annually assess access to evidence-based treatment options for individuals (including children) with serious mental illness? [Yes/No]**

#### Suggested Follow-up Question

**A)** If yes, indicate how the MBHO assesses access to evidence-based treatment options for individuals (including children) with serious mental illness (select all that apply):

i) The MBHO annually evaluates access to providers against a list of evidence-based treatment options for serious mental illness.

ii) The MBHO annually assesses access to treatment options for serious mental illness and provides employers with a summary of the findings, a summary of access problems, and plans to address those issues.

iii) The MBHO conducts periodic reviews and makes adjustments to services for people with serious mental illness based on the referenced analysis.

iv) Other: ____________________________

#### Suggested Evaluation Criteria

Vendor responses should include detailed protocols that address each of the following elements:

**A)** Which conditions are considered serious mental illness and their corresponding evidence-based treatment protocol(s).

**B)** The evidence-based treatment documentation can be based on a combination of peer-reviewed literature, federal government referenced treatment, and/or proprietary-based outcomes of treatment protocols.

**C)** If proprietary data are referenced, the vendor should be willing to share the evidence-based treatment protocols using appropriate nondisclosure agreements.
## An Employer’s Guide to Behavioral Health Services: Implementation Toolkit

**Tool 4: Request for Proposal & Proposal Scoring Tool**

### RFP & Proposal Scoring Tool

**Behavioral Health**

<table>
<thead>
<tr>
<th>Practice Recommendation 2.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan administrator should ensure adequate provider coverage to deliver evidence-based treatment options for individuals (including children) with serious mental illness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To make all evidence-based interventions readily accessible to plan members.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the company’s behavioral health plan design cover evidence-based treatment options for individuals (including children) with serious mental illness?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Yes, the behavioral health plan design includes reimbursement for evidence-based treatment options for individuals (including children) with serious mental illness.</td>
</tr>
<tr>
<td>• No, reimbursement is not covered (please explain):__________________________</td>
</tr>
</tbody>
</table>

**Do not know → Clarify with HR/benefits legal counsel.**

### Suggested Follow-up Question

<table>
<thead>
<tr>
<th>A) If yes, indicate the method(s) used by the MBHO to support this Practice Recommendation (select all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Maintain a current and up-to-date list of evidence-based treatment modalities that address established and emerging technologies to treat all individuals with serious mental illness.</td>
</tr>
<tr>
<td>ii) Maintain a current and up-to-date list of network providers who are experienced in the delivery of evidence-based treatment modalities for individuals (including children) with serious mental illness, including geographic coverage.</td>
</tr>
<tr>
<td>iii) Regularly review and identify gaps in network capabilities and geographic coverage to deliver evidence-based treatment modalities for individuals (including children) with serious mental illness.</td>
</tr>
<tr>
<td>iv) Based on the results of the regular reviews, update and enhance network capabilities to deliver evidence-based treatment modalities for individuals (including children) with serious mental illness.</td>
</tr>
<tr>
<td>v) Other: __________________________________________________________________________________________</td>
</tr>
</tbody>
</table>

### Suggested Evaluation Criteria

<table>
<thead>
<tr>
<th>MBHO responses should include detailed protocols that address each of the following elements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Which conditions are considered serious mental illness and their corresponding evidence-based treatment protocol(s).</td>
</tr>
<tr>
<td>B) The evidence-based treatment documentation can be based on a combination of peer-reviewed literature, federal government referenced treatment, and/or proprietary-based outcomes of treatment protocols.</td>
</tr>
<tr>
<td>C) If proprietary data are referenced, the vendor should be willing to share the evidence-based treatment protocols using appropriate nondisclosure agreements.</td>
</tr>
</tbody>
</table>
### RFP & Proposal Scoring Tool

**Behavioral Health**

<table>
<thead>
<tr>
<th>Practice Recommendation 2.4</th>
<th>Behavioral health specialists who receive a referral should provide progress reports to the referring provider.</th>
</tr>
</thead>
</table>
| Objectives                  | • To ensure that specialty behavioral health providers who have patients referred to them by approved providers in the medical setting communicate patient progress to the referring provider.  
• To ensure that each patient has a regularly updated treatment plan.  
• To ensure that patients are monitored and there is coordination between approved providers and behavioral health specialists. |
| Administrative Guidance     | When a patient is referred to a behavioral health specialist for care, and the approved general medical provider continues to be involved in the treatment process, the behavioral specialist should contact the referring approved provider and communicate (orally and/or in written form) the patient’s status and the responsibilities of both parties for treatment and follow-up care. All communication should be consistent with HIPAA requirements and any other state privacy or confidentiality guidelines (Employers Guide, pg. 67-68). |
| 2.4 RFP-Q                   | **Does the MBHO require behavioral health specialists who receive referrals from general medical providers to submit progress reports to the referring approved provider?** [Yes / No] |
| Suggested Follow-up Question| A) If yes, indicate the method(s) used by the MCO/HMO and/or MBHO to support this Practice Recommendation (select all that apply):  
i) Specific provisions contained in provider contracts with behavioral health care specialists, including psychiatrists.  
ii) Provider communication materials address the Practice Recommendation (e.g., administrative or clinical practice manual, training or related materials).  
iii) Provider compliance is assessed as part of provider evaluation methodology (e.g., chart audit). |
| Suggested Evaluation Criteria| A) Specific policies as well as administrative and (if applicable), reimbursement procedures that support behavioral health specialists in providing progress reports to approved providers who refer their patients.  
B) Methods and guidelines for provider progress reports.  
C) Methods of monitoring provider compliance with referenced policies and procedures. |
### Plan administrators should adopt guidelines for prescribing and monitoring psychotropic medications and review these annually.

#### Objectives

- To inform systematic quality improvement activities for psychotropic medication prescribing patterns.
- To support the use of evidence-based methods for prescribing psychotropic medication.
- To standardize prescribing methods such as psychotropic medication dosing guidelines.

#### 2.5 RFP-Q

**Does the MBHO require behavioral health specialists to utilize nationally accepted practice guideline(s) for prescribing and monitoring psychotropic medications?** [Yes / No]

#### Suggested Follow-up Question

A) **If yes, indicate the type of practice guidelines the MBHO has adopted (select most appropriate response):**

   i) Nationally accepted practice guidelines that address issues such as drug-drug interactions, excessive dosing, over/under utilization of essential medications and clinically appropriate management of medication costs.

   ii) A combination of practice guidelines – some that reflect nationally accepted practice guidelines and others based on proprietary criteria.

   iii) A proprietary set of practice guidelines that are supported by the MBHO’s experience data.

   iv) Other: __________________________________________

#### Suggested Evaluation Criteria

**The MBHO technical response should address:**

A) Specific policies as well as administrative and reimbursement procedures that support the adoption of practice guidelines for prescribing and monitoring psychotropic medications.

B) Methods of establishing standardized practice guidelines for providers prescribing and monitoring psychotropic medication expectations with providers.

C) Methods of monitoring provider compliance with referenced policies and procedures.

D) Peer-reviewed literature that supports use of the guidelines on prescribing and monitoring psychotropic medication that are referenced in the proposal.
### RFP & Proposal Scoring Tool
#### Behavioral Health

<table>
<thead>
<tr>
<th>Practice Recommendation</th>
<th>Plan administrators should conduct an annual performance assessment of network providers’ performance, measured against the prescribing and monitoring guidelines adopted by the employer.</th>
</tr>
</thead>
</table>
| Objectives              | • To inform systematic quality improvement activities for psychotropic medication prescribing practices.  
                          | • To ensure that providers who prescribe and monitor patients treated with psychotropic medications adopt nationally accepted practice guideline(s). |
| 2.6 RFP-Q               | **Does the MBHO evaluate its network providers’ performance against nationally accepted practice guideline(s) for prescribing and monitoring psychotropic medications?** [Yes / No] |
| **Suggested Follow-up Question** | A) If yes, indicate how the MBHO evaluates network provider performance against the adopted practice guidelines for prescribing and monitoring psychotropic medications (select all that apply):  
                          | i) The MBHO regularly evaluates psychotropic drug prescription patterns, patient usage data by drug class, and provider adherence to specific plan recommendations on the use of medications for specific diagnoses.  
                          | ii) The MBHO analyzes provider performance annually and provides employers with a summary of the data collected, a summary of identified compliance problems, and plans to address these problems.  
                          | iii) The MBHO includes periodic review and adjustments to relevant formularies based on the referenced analysis.  
                          | iv) Other: ___________________________________________________________________________________________ |
| **Suggested Evaluation Criteria** | **MBHO responses should include detailed protocols that address each of the following elements:**  
                          | A) Drug interactions, excessive dosing, over / under utilization of essential medications, and clinically appropriate management of medication costs.  
                          | B) The practice guidelines can be based on a combination of peer-reviewed literature, federal government referenced guidelines, and/or proprietary criteria.  
                          | C) If proprietary criteria/internal data are referenced, the vendor should be willing to share these guidelines using appropriate nondisclosure agreements. |
### Practice Recommendation 2.7

Plan administrators should adopt standardized measurement and reporting on patterns of prescribing medications.

### Objectives

- To base quality improvement activities on reporting models which assess and identify gaps in adherence and the resulting improvement opportunities. Employers should request that standardized reporting be developed to support information benchmarking and sharing. The standardized reporting should include a summary of the data collected, any problems that were identified, and a performance plan to address these problems.

### 2.7 RFP-Q

**Does the MBHO maintain administrative provisions to adopt standardized measurement and reporting on providers’ patterns of prescribing medication?**

[Yes / No]

### Suggested Follow-up Question

**A)** If yes, indicate the type of standardized measurement and reporting the MBHO has adopted (select most appropriate response):

i) Measurement and reporting is based on nationally accepted practice guidelines that address issues such as drug-drug interactions, excessive dosing, over/under utilization of essential medications and clinically appropriate management of medication costs.

ii) Measurement and reporting is a combination of practice guidelines, including some that reflect nationally accepted practice guidelines and others based on proprietary criteria.

iii) Measurements and reporting are a proprietary set of practice guidelines that are supported by the MBHO’s experience data.

iv) Other: ____________________________

### Suggested Evaluation Criteria

**MBHO response should address each of the following elements:**

**A)** Measurement and reporting of drug interactions, excessive dosing, over/under utilization of essential medications, and clinically appropriate management of medication costs.

**B)** The scientific basis for the standardized measurement and reporting referenced, consisting of peer-reviewed literature, federal government referenced guidelines, and/or proprietary criteria.

**C)** If proprietary measurement and reporting are referenced, the vendor should be willing to share these guidelines using appropriate nondisclosure agreements.
## RFP & Proposal Scoring Tool

### Pharmacy Benefit Management

<table>
<thead>
<tr>
<th>Practice Recommendation 3.1</th>
<th>Plan administrators should adopt guidelines for prescribing and monitoring psychotropic medications and review these annually.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives</td>
<td>To help employers ensure that pharmacy benefit managers (PBMs) are assessing and complying with nationally accepted guidelines for prescribing psychotropic medication that include:</td>
</tr>
<tr>
<td></td>
<td>• Aligning initial psychotropic medication prescriptions with dosing guidelines.</td>
</tr>
<tr>
<td></td>
<td>• Using assessments (such as patient informed PHQ-9 or blood work) to inform the health provider’s monitoring and adjustment of psychotropic medication.</td>
</tr>
<tr>
<td></td>
<td>• Increasing treatment efficacy by providing coordination of care and referrals for psychosocial intervention when indicated.</td>
</tr>
<tr>
<td></td>
<td>• Promoting programs or related incentives that have been shown to increase patients’ compliance with their instructions for psychotropic medication.</td>
</tr>
<tr>
<td>Administrative Guidance</td>
<td>“Nationally Accepted Practice Guidelines” include several key components that should be incorporated into the employer’s PBM guidelines on psychotropic medication:</td>
</tr>
<tr>
<td></td>
<td>• Published guidelines for optimal use of psychotropic medications</td>
</tr>
<tr>
<td></td>
<td>• Research findings on the impact of using measures of patient outcomes to inform ongoing treatment, including treatment with psychotropic medication</td>
</tr>
<tr>
<td></td>
<td>• Research findings on the importance of patient adherence to medication</td>
</tr>
<tr>
<td></td>
<td>• Research findings on the positive impact of integrating psychotherapy, where indicated, to increase the efficacy of medication</td>
</tr>
<tr>
<td>3.1 RFP-Q</td>
<td>Does the PBM utilize nationally accepted practice guideline(s) that support provider psychotropic medication prescribing practices? [Yes/No]</td>
</tr>
<tr>
<td>Suggested Follow-up Question</td>
<td>A) If yes, indicate how the PBM facilitates the care management process against the adopted practice guidelines for prescribing and monitoring psychotropic medication (select all that apply):</td>
</tr>
<tr>
<td></td>
<td>i) The PMB regularly evaluates psychotropic drug prescription patterns, patient usage data by drug class, and provider adherence to specific plan recommendations for the use of medication for specific diagnoses.</td>
</tr>
<tr>
<td></td>
<td>ii) The PBM analyzes provider performance annually and provides employers with a summary of the data collected, a summary of identified compliance problems, and plans to address these problems.</td>
</tr>
<tr>
<td></td>
<td>iii) The PBM includes periodic review and adjustments to relevant formularies based</td>
</tr>
</tbody>
</table>
### Suggested Evaluation Criteria

<table>
<thead>
<tr>
<th>The PBM technical response should address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Specific policies as well as administrative and reimbursement procedures that support the adoption of practice guidelines for prescribing and monitoring psychotropic medication.</td>
</tr>
<tr>
<td>B) Methods of establishing standardized practice guidelines for providers</td>
</tr>
<tr>
<td>C) Prescribing and monitoring psychotropic medication expectations with providers.</td>
</tr>
<tr>
<td>D) Methods of monitoring provider compliance with referenced policies and procedures.</td>
</tr>
<tr>
<td>E) Peer-reviewed literature that supports the guidelines for prescribing and monitoring medication that are referenced.</td>
</tr>
</tbody>
</table>

iv) Other: ________________________________
## RFP & Proposal Scoring Tool

### Pharmacy Benefit Management

<table>
<thead>
<tr>
<th>Practice Recommendation</th>
<th>Plan administrators should adopt standardized measurement and reporting on patterns of prescribing medications.</th>
</tr>
</thead>
</table>

### Objectives

- To base quality improvement activities on reporting models which assess and identify gaps in adherence and the resulting improvement opportunities. Employers should request that standardized reporting be developed to support information benchmarking and sharing. The standardized reporting should include a summary of the data collected, any problems that were identified, and a performance plan to address these problems.

### 3.2 RFP-Q

**Does the PBM require standardized measurement and reporting on prescribing patterns?** [Yes/No]

### Suggested Follow-up Question

**A)** If yes, indicate how the PBM evaluates provider performance against the adopted practice guidelines for prescribing and monitoring psychotropic medications (select all that apply):

- **i)** The PBM regularly evaluates psychotropic drug prescription patterns, patient usage data by drug class, and provider adherence to specific plan recommendations on the use of medications for specific diagnoses.
- **ii)** The PBM analyzes provider performance annually and provides employers with a summary of the data collected, a summary of identified compliance problems, and plans to address these problems.
- **iii)** The PBM includes periodic review and adjustments to relevant formularies based on the referenced analysis.
- **iv)** Other: ____________________________

### Suggested Evaluation Criteria

- **The PBM technical response should address:**
  - **A)** Specific policies as well as administrative and reimbursement procedures that support the adoption of practice guidelines for prescribing and monitoring psychotropic medications.
  - **B)** Methods of establishing standardized practice guidelines for prescribing and monitoring psychotropic medication expectations with providers.
  - **C)** Methods of monitoring provider compliance with referenced policies and procedures.
  - **D)** Peer-reviewed literature that supports the guidelines on prescribing and monitoring the psychotropic medication that is referenced.
### RFP & Proposal Scoring Tool
**Condition Management**

<table>
<thead>
<tr>
<th>Practice Recommendation 4.2</th>
<th>Condition management administrators should screen all patients being treated for a general medical condition for depression and coordinate care with behavioral health specialists.</th>
</tr>
</thead>
</table>
| **Objectives**                | • To ensure that condition management programs regularly screen program participants (especially those with high-cost medical disorders) for depression and anxiety.  
• To encourage condition management programs to adopt validated screening approaches.  
• To avoid high-cost medical complications from untreated behavioral health issues. |
| 4.2 RFP-Q                    | **Does the condition management vendor screen all enrolled patients for depression and coordinate care with behavioral health specialists in cases where there is a probability of behavioral health co-morbidity?** [Yes/No] |
| Suggested Follow-up Question | **A)** If yes, indicate the method(s) used by the condition management vendor to support this practice recommendation (select all that apply):  
  i) Specific provisions contained in the vendor contract (e.g., reference to specific instruments such as the Emotional Health Inventory or the Patient Health Questionnaire).  
  ii) Staff communication materials on condition management that address the practice recommendation (e.g., administrative or clinical practice manual, training or related materials).  
  iii) The compliance of condition management staff is tracked, reported and monitored on a regular basis.  
  iv) The compliance of condition management staff is assessed as part of performance evaluation, and non-adherent staffs receive professional development training. |
| Suggested Evaluation Criteria | **The condition management vendor’s technical response should address:**  
**A)** Specific policies and administrative procedures that support depression screening for patients in the condition management program offering(s).  
**B)** Methods of establishing depression screening for patients.  
**C)** Methods of monitoring the compliance of condition management staff with referenced policies and procedures.  
**D)** Peer-reviewed literature that supports the use of the depression screening procedures referenced in the proposal. |
### RFP & Proposal Scoring Tool
#### Condition Management

<table>
<thead>
<tr>
<th>Practice Recommendation</th>
<th>Behavioral health services should be incorporated into condition management programs for individuals with co-morbid physical and behavioral health conditions.</th>
</tr>
</thead>
</table>
| Objectives              | - To ensure that condition management programs regularly screen program participants (especially those with high-cost medical conditions) for depression and anxiety and promote participation in behavioral health treatment.  
- To avoid high-cost medical complications from untreated behavioral health issues.  
- To ensure that treatment for co-morbid depression and anxiety is coordinated with management of chronic medical conditions. |
| 4.3 RFP-Q               | Does the condition management vendor incorporate behavioral health services into condition management programs for individuals with co-morbid physical and behavioral health conditions? [Yes / No] |
| Suggested Follow-up Question | A) If yes, indicate the method(s) used by the condition management vendor to support this practice recommendation (select all that apply): i) Specific policies and procedures are in place to ensure that behavioral health services are incorporated into condition management programs for individuals with co-morbid physical and behavioral health conditions. ii) Staff training and communication materials address the practice recommendation. iii) Program materials for individuals with co-morbid physical and behavioral health conditions give specific information on the behavioral health aspects of the condition management program services. iv) Other: ___________________________________________________________________ |
| Suggested Evaluation Criteria | The condition management proposal response should address: A) Specific policies and administrative procedures that support the practice recommendation. B) Methods of incorporating behavioral health services into condition management programs. C) Methods of monitoring provider compliance with referenced policies and procedures. D) Peer-reviewed literature and/or research on the importance of co-morbid physical and behavioral health treatment. |
### RFP & Proposal Scoring Tool
#### Condition Management

<table>
<thead>
<tr>
<th>Practice Recommendation 4.4</th>
<th>Plan administrators should adopt guidelines for prescribing and monitoring psychotropic medication and review these guidelines annually.</th>
</tr>
</thead>
</table>
| **Objectives**             | • To standardize prescribing methods such as psychotropic medication dosing guidelines.  
                             • To support the use of evidence-based methods of prescribing psychotropic medication. |
| 4.4 RFP-Q                  | **Does the condition management vendor adopt nationally accepted practice guideline(s) for prescribing and monitoring psychotropic medication?**  [Yes / No] |

**Suggested Follow-up Question**

A) **If yes, indicate how the condition management vendor evaluates performance against the adopted practice guidelines for prescribing and monitoring psychotropic medication (select all that apply):**  
   i) The MCO/HMO regularly evaluates psychotropic drug prescription patterns, patient usage data by drug class, and provider adherence to specific plan recommendations on the use of medications for specific diagnoses.  
   ii) The MCO/HMO analyzes provider performance annually and provides employers with a summary of the data collected, a summary of identified compliance problems, and plans to address these problems.  
   iii) The MCO/HMO includes periodic review and adjustments to relevant formularies based on the referenced analysis.  
   iv) Other: ____________________________________________

**Suggested Evaluation Criteria**

The condition management vendor’s technical response should address:  
A) Specific policies and administrative procedures that support the adoption of practice guidelines for prescribing and monitoring psychotropic medication.  
B) Methods of establishing standardized practice guidelines for prescribing and monitoring psychotropic medication expectations with providers.  
C) Methods of monitoring provider compliance with referenced policies and procedures.  
D) Peer-reviewed literature that supports the guidelines for prescribing and monitoring psychotropic medication that are referenced.
## RFP & Proposal Tool Condition Management

### Practice Recommendation 4.5

Plan administrators should adopt standardized measurement and reporting on patterns of prescribing medication.

### Objectives

- To base quality improvement activities on reporting models which assess and identify gaps in adherence and the resulting improvement opportunities. Employers should request that standardized reporting be developed to support information benchmarking and sharing. The standardized reporting should include a summary of the data collected, any problems that were identified, and a performance plan to address these problems.

### 4.5 RFP-Q

**Does the condition management vendor adopt standardized measurement and reporting on providers’ patterns of prescribing medication?** [Yes / No]

### Suggested Follow-up Question

A) If yes, indicate the type of standardized measurement and reporting the condition management vendor has adopted (select the most appropriate response):

i) Measurement and reporting is based on nationally accepted practice guidelines that address issues such as drug-drug interactions, excessive dosing, over/under utilization of essential medications and clinically appropriate management of medication costs.

ii) Measurement and reporting is a combination of practice guidelines, including some that reflect nationally accepted practice guidelines and others that are based on proprietary criteria.

iii) Measurement and reporting is a proprietary set of practice guidelines that are supported by the condition management vendor’s experience data.

iv) Other: ______________________________________________________________________

### Suggested Evaluation Criteria

The condition management vendor’s response should address each of the following elements:

A) Measurement and reporting of drug interactions, excessive dosing, over/under utilization of essential medications, and clinically appropriate management of medication costs.

B) The scientific basis for the standardized measurement and reporting proposed, consisting of peer-reviewed literature, federal government referenced guidelines and/or proprietary criteria.

C) If proprietary measurement and reporting are referenced, the vendor should be willing to share these guidelines using appropriate nondisclosure agreements.
## RFP & Proposal Scoring Tool
### Condition Management

<table>
<thead>
<tr>
<th>Practice Recommendation</th>
<th>RFP &amp; Proposal Scoring Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6</td>
<td>Plan administrators should conduct an annual performance assessment of providers’ performance, measured against the prescribing and monitoring guidelines adopted by the employer.</td>
</tr>
</tbody>
</table>

### Objectives

- To encourage systematic quality improvement activities for psychotropic medication prescribing practices.
- To base quality improvement activities on reporting models which assess and identify gaps in adherence and the resulting improvement opportunities. Employers should request that standardized reporting be developed to support information benchmarking and sharing. The standardized reporting should include a summary of the data collected, any problems that were identified, and a performance plan to address these problems.

### 4.6 RFP-Q

**Does the condition management vendor evaluate its network providers’ performance against nationally accepted practice guideline(s) for prescribing and monitoring psychotropic medication?** [Yes / No]

### Suggested Follow-up Question

**A)** If yes, indicate how the condition management vendor evaluates network provider performance against the adopted practice guidelines for prescribing and monitoring psychotropic medications (select all that apply):

1. The condition management vendor regularly evaluates psychotropic drug prescription patterns, patient usage data by drug class, and provider adherence to specific plan recommendations regarding the use of medication for specific diagnoses.
2. The condition management vendor analyzes provider performance annually and provides employers with a summary of the data collected, a summary of identified compliance problems, and plans to address these problems.
3. The condition management vendor includes periodic review and adjustments to relevant formularies based on the referenced analysis.
4. Other: ______________________________________________________________________________

### Suggested Evaluation Criteria

The condition management vendor responses should include detailed protocols that address each of the following elements:

**A)** Drug interactions, excessive dosing, over / under utilization of essential medications, and clinically appropriate management of medication costs.

**B)** The practice guidelines can be based on a combination of peer-reviewed literature, federal government referenced guidelines, and/or proprietary criteria.

**C)** If proprietary criteria/internal data are referenced, the vendor should be willing to share these guidelines using appropriate nondisclosure agreements.
Employees who are on disability leave because of a behavioral health condition should be referred to an Employee Assistance Program (EAP) to address the psychosocial issues associated with the employee’s return to work.

- Key stakeholders (such as supervisors/managers, human resource professionals, medical personnel, union representatives and employees) should be educated about work-based risk factors that may lead to a behavioral health disability.
- Employers should provide prevention and early intervention services that effectively assess employees for risk factors that may lead to a behavioral health disability.

RFP-Q: Does the disability plan administrator refer employees on disability to an EAP to address psychosocial issues associated with their return to work? [Yes / No]

A) If yes, indicate the method(s) used by the disability plan administrator to support this practice recommendation (select all that apply):
   i) Specific policies and procedures are in place to ensure that individuals on disability are referred to an EAP to address psychosocial issues associated with returning to work.
   ii) Staff training and communication materials address the practice recommendation.
   iii) Program materials for individuals on disability discuss the psychosocial issues surrounding returning to work and the services provided by an EAP.
   iv) Other: ____________________________

The disability plan administrator’s proposal response should address:
A) Specific policies and administrative procedures that support the practice recommendation.
B) Methods of referring individuals on disability to the EAP.
C) Methods of monitoring provider compliance with referenced policies and procedures.
D) Peer-reviewed literature and/or research on the importance of addressing psychosocial issue for individuals returning to work.
### RFP & Proposal Scoring Tool

#### Disability

<table>
<thead>
<tr>
<th>Practice Recommendation</th>
<th>Employees recommended for behavioral health-related disability benefits should be referred to a behavioral health specialist for evaluation and/or treatment within two weeks of their application for disability.</th>
</tr>
</thead>
</table>
| Objectives              | • To ensure proper treatment for individuals with behavioral health conditions.  
                           • To improve the management of a behavioral health condition sufficiently to enable an employee to return to work.  
                           • To maintain a focus on early intervention and an emphasis on return to work. |
| 5.2 RFP-Q               | Does the disability plan administrator refer employees who request disability leave for a behavioral health condition to a behavioral health specialist for evaluation and/or treatment within two weeks of their application for disability? [Yes / No] |
| Suggested Follow-up Question | A) If yes, indicate the method(s) used by the disability plan administrator to support this practice recommendation (select all that apply):  
                               i) Specific policies and procedures are in place to ensure that individuals on leave for a behavioral health disability are referred to a behavioral health specialist for evaluation and/or treatment within two weeks of their application for disability.  
                               ii) Staff training and communication materials address the practice recommendation.  
                               iii) Program materials for individuals on leave for a behavioral health disability discuss the importance of being evaluated and treated by a behavioral health specialist.  
                               iv) Other:  
| Suggested Evaluation Criteria | The disability plan administrator’s proposal response should address:  
                               A) Specific policies and administrative procedures that support the practice recommendation.  
                               B) Methods of referring people on leave for a behavioral health disability to a behavioral health specialist.  
                               C) Methods of monitoring provider compliance with referenced policies and procedures.  
                               D) Peer-reviewed literature and/or research on the importance of seeking treatment from a behavioral health specialist for behaviorally based disabilities. |
### Practice Recommendation 5.3

Employees with a behavioral health disability must have a treatment plan and a behavioral health specialist must review the employee’s progress.

### Objectives

- To ensure proper treatment for individuals with behavioral health conditions.
- To improve the management of a behavioral health condition sufficiently that an employee is able to return to work.

### 5.3 RFP-Q

**Does the disability plan administrator require employees with a behavioral health disability to have a treatment plan specific to their condition that a behavioral health specialist reviews periodically for progress? [Yes / No]**

### Suggested Follow-up Question

A) If yes, indicate the method(s) used by the disability plan administrator to support this practice recommendation (select all that apply):

   i) Specific policies and procedures are in place to ensure that employees on disability leave for a behavioral health problem have a treatment plan specific to their condition that a behavioral health specialist reviews for progress.

   ii) Staff training and communication materials address the practice recommendation.

   iii) Program materials for employees on disability leave for a behavioral health condition discuss the importance of having a treatment plan specific to their condition that a behavioral health specialist reviews for progress.

   iv) Other: ______________________________________________________

### Suggested Evaluation Criteria

The disability plan administrator’s proposal response should address:

A) Specific policies and administrative procedures that support the practice recommendation.

B) Methods of creating and reviewing behavioral health treatment plans.

C) Methods of monitoring provider compliance with referenced policies and procedures.

D) Peer-reviewed literature and/or research on the importance of creating and reviewing behavioral health treatment plans.
### Practice Recommendation

**5.4**
Disability plan administrators should maintain a case management process for employees with behavioral health disabilities.

### Objectives
- To ensure early intervention and an emphasis on return to work.

### 5.4 RFP-Q

Does the disability plan administrator require that a case management process be maintained for employees with a behavioral health disability? [Yes / No]

### Suggested Follow-up Question

1) If yes, indicate the method(s) used by the disability plan administrator to support this practice recommendation (select all that apply):

   a) Specific policies and procedures are in place to ensure that a case management process is maintained for employees with a behavioral health disability.

   b) Staff training and communication materials address the practice recommendation.

   c) Program materials for employees on leave for a behavioral health disability discuss the importance of the case management process.

   d) Other: ____________________________

### Suggested RFP Evaluation Criteria

The disability plan administrator’s proposal response should address:

A) Specific policies and administrative procedures that support the practice recommendation.

B) Methods of creating and maintaining a case management process.

C) Methods of monitoring provider compliance with referenced policies and procedures.

D) Peer-reviewed literature and/or research on the importance of case management.
## Practice Recommendation

### 5.5

A structured return-to-work process should be maintained for employees with behavioral health disabilities.

## Objectives

- To ensure a timely, effective, safe and sustainable return-to-work process.

## RFP-Q

**5.5**

**Does the disability plan administrator maintain a structured return-to-work process for employees with a behavioral health disability?** [Yes / No]

## Suggested Follow-up Question

**A)** If yes, indicate the method(s) used by the disability plan administrator to support this practice recommendation (select all that apply):

- **i)** Specific policies and procedures are in place to ensure a structured return-to-work process for employees with a behavioral health disability.
- **ii)** Staff training and communication materials address the practice recommendation.
- **iii)** Program materials for individuals on leave for a behavioral health disability address the structured return-to-work process.
- **iv)** Other:

## Suggested RFP Evaluation Criteria

The disability plan administrator’s proposal response should address:

- **A)** Specific policies and administrative procedures that support the practice recommendation.
- **B)** Methods of implementing a structured return-to-work process.
- **C)** Methods of monitoring provider compliance with referenced policies and procedures.
- **D)** Peer-reviewed literature and/or research on the importance of structured return-to-work processes.
### RFP & Proposal Scoring Tool

#### Disability

<table>
<thead>
<tr>
<th>Practice Recommendation 5.6</th>
<th>Plan administrators should use a method of quantifying the impact of disability care management activities on organizational performance.</th>
</tr>
</thead>
</table>
| Objectives                  | • To ensure that the economic value of disability programs is evaluated and reported.  
• To demonstrate the value of disability programs to employers.  
• To promote the standardized data definitions and collection process necessary to promote industry benchmarking. |
| 5.6 RFP-Q                   | Does the disability plan administrator quantify the impact of disability services on organizational performance? [Yes / No] |
| Suggested Follow-up Question | A) If yes, indicate how the disability plan administrator supports this practice recommendation (select all that apply):  
i) Specific metrics, measurement and reporting on the impact of disability services on organizational performance.  
ii) Methods of establishing standardized measurement of the impact of disability services on organizational performance.  
iii) Methods of reporting the impact of disability services. |
| Suggested Evaluation Criteria | The disability plan administrator’s proposal response should address:  
A) Specific policies and administrative procedures that support quantifying the impact of disability services on organizational performance.  
B) Methods of establishing standardized metrics for quantifying the impact of disability services on organizational performance.  
C) Methods of monitoring compliance with referenced policies and procedures.  
D) Research that supports the metrics referenced to measure and report the impact of disability services on organizational performance. |
<table>
<thead>
<tr>
<th>Practice Recommendation</th>
<th>RFP &amp; Proposal Scoring Tool Employee Assistance Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>EAP services should be aligned to achieve the employer’s objectives for organizational health, productivity and performance.</td>
</tr>
<tr>
<td>Objectives</td>
<td>Employers should expect their EAPs, EAP professionals and affiliated organizations to operate with the common purpose of optimizing employee health and productivity and organizational performance by:</td>
</tr>
<tr>
<td></td>
<td>• Helping employees resolve personal issues that negatively affect their job performance and/or health and productivity,</td>
</tr>
<tr>
<td></td>
<td>• Helping dependents resolve personal issues that affect their health and functionality,</td>
</tr>
<tr>
<td></td>
<td>• Working with managers and supervisors to address the effect of employees’ personal issues on job performance, and</td>
</tr>
<tr>
<td></td>
<td>• Consulting with organizational leaders to identify and resolve risk factors that pose barriers to maintaining a safe work environment.</td>
</tr>
<tr>
<td>6.1 RFP-Q</td>
<td>Does the EAP vendor create, deliver and improve services that are aligned to achieve the employer’s objectives for organizational health, productivity and performance? [Yes / No]</td>
</tr>
<tr>
<td>Suggested Follow-up Question</td>
<td>A) If yes, indicate how the EAP vendor creates, delivers and improves services that are aligned to achieve the employer’s objectives for organizational health, productivity and performance objectives (select all that apply):</td>
</tr>
<tr>
<td></td>
<td>i) Specific provisions included in the provider contract.</td>
</tr>
<tr>
<td></td>
<td>ii) Specific product development and process improvement methods are used.</td>
</tr>
<tr>
<td></td>
<td>iii) Professional development requirements focus on alignment of services to organizational health, productivity and performance.</td>
</tr>
<tr>
<td></td>
<td>iv) Other:</td>
</tr>
<tr>
<td>Suggested Evaluation Criteria</td>
<td>The EAP vendor’s proposal response should address:</td>
</tr>
<tr>
<td></td>
<td>A) Specific policies and administrative procedures that address the method for validating compliance.</td>
</tr>
<tr>
<td></td>
<td>B) Provider communication materials that support the practice recommendation.</td>
</tr>
<tr>
<td></td>
<td>C) Methods of measuring and reporting compliance with the practice recommendation.</td>
</tr>
</tbody>
</table>
### Practice Recommendation

6.2

EAPs should demonstrate that they have adopted professional education and certification standards.

### Objectives

- To ensure that EAP professionals maintain minimum professional credentials in order to assure professional services.

### 6.2 RFP-Q

**Does the EAP vendor ensure that EAP professionals maintain minimum professional credentials?** [Yes / No]

### Suggested Follow-up Question

**A)** If yes, indicate how the EAP vendor ensures that EAP professionals maintain minimum professional credentials (select all that apply):

i) Specific provisions included in the provider contract.

ii) Specific hiring requirements for EAP staff professionals.

iii) Professional development requirements for staff EAP counselors.

iv) Other: __________________________________________________________________________

### Suggested Evaluation Criteria

The EAP vendor’s proposal response should address:

**A)** Specific policies and administrative procedures that address the method for validating compliance.

**B)** Provider communication materials that support the practice recommendation.

**C)** Methods for monitoring provider compliance with referenced policies and procedures (e.g., employment or provider contract file audits).
### RFP & Proposal Scoring Tool
#### Employee Assistance Program

<table>
<thead>
<tr>
<th>Practice Recommendation 6.3</th>
<th>EAP activities should be coordinated and integrated across the health benefits plan and related human resource functions.</th>
</tr>
</thead>
</table>
| **Objectives**              | • To promote coordination of assistance across multiple benefits.  
• To maximize the value of EAP capabilities addressing psychosocial issues. |
| **6.3 RFP-Q**               | Does the EAP vendor coordinate and integrate its services across the health benefits plan and related human resource functions? [Yes / No] |

| Suggested Follow-up Question | A) If yes, indicate how the EAP vendor coordinates and integrates across the health benefits plan and related human resource functions (select all that apply):  
i) The EAP vendor regularly evaluates its services against other health benefits and related human resource functions to identify opportunities to leverage EAP competencies and services within those benefits and functions.  
ii) The EAP vendor analyzes referrals to and from other benefits and human resource functions to determine its effectiveness in integrating its services.  
iii) The EAP vendor periodically adjusts and/or initiates changes in its services to better align and support other health benefits and human resource functions.  
v) Other: ____________________________________________________________________________ |
| **Suggested Evaluation Criteria** | The EAP vendor’s technical response should address:  
A) Specific policies and administrative procedures that support the coordination and integration of EAP services.  
B) Methods for establishing collaboration with other vendors and human resource functions.  
C) Methods for reporting the cross-referral activity and the outcomes associated with those referrals. |
<table>
<thead>
<tr>
<th>Practice Recommendation 6.4</th>
<th>Program administrators should use a method of quantifying the impact of EAP services on organizational performance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives</td>
<td>• To ensure that the economic value of EAP programs is evaluated and reported.</td>
</tr>
<tr>
<td></td>
<td>• To demonstrate the value of EAP programs to employers.</td>
</tr>
<tr>
<td>6.4 RFP-Q</td>
<td><strong>Does the EAP vendor quantify the impact of EAP services on organizational performance?</strong> [Yes / No]</td>
</tr>
<tr>
<td>Suggested Follow-up Question</td>
<td><strong>A)</strong> If yes, indicate how the EAP vendor supports this practice recommendation (select all that apply):</td>
</tr>
<tr>
<td></td>
<td>i) Specific metrics, measurement and reporting on the impact of EAP services on organizational performance.</td>
</tr>
<tr>
<td></td>
<td>ii) Methods for establishing standardized measurement on the impact of EAP services on organizational performance.</td>
</tr>
<tr>
<td></td>
<td>iii) Methods for reporting the impact of EAP services.</td>
</tr>
<tr>
<td>Suggested Evaluation Criteria</td>
<td><strong>The EAP vendor’s proposal response should address:</strong></td>
</tr>
<tr>
<td></td>
<td>A) Specific policies and administrative procedures that support quantifying the impact of EAP services on organizational performance.</td>
</tr>
<tr>
<td></td>
<td>B) Methods for establishing standardized metrics for quantifying the impact of EAP services on organizational performance.</td>
</tr>
<tr>
<td></td>
<td>C) Methods for monitoring compliance with referenced policies and procedures.</td>
</tr>
<tr>
<td></td>
<td>D) Research that supports the metrics utilized to measure and report the impact of EAP services on organizational performance.</td>
</tr>
</tbody>
</table>
### RFP & Proposal Scoring Tool
#### Employee Assistance Program

<table>
<thead>
<tr>
<th>Practice Recommendation 6.5</th>
<th>EAP services should not be redundant with employee health plan benefits and other human resource programs.</th>
</tr>
</thead>
</table>

#### Objectives
- To avoid duplication in services and related costs.
- To ensure that behavioral health services are offered in a way that minimizes/eliminates any possibility of confusion.
- To maximize the value of providing EAP services.

#### 6.5 RFP-Q
**Does the EAP program vendor identify and address potential redundancies with employee health plan benefits and/or other human resource programs?**

[Yes / No]

#### Suggested Follow-up Question
A) If yes, indicate how the EAP vendor supports this practice recommendation (select all that apply):
   - i) Specific methods of identifying potential sources of duplicative services.
   - ii) Specific provisions contained in the EAP vendor contract.
   - iii) Compliance is tracked, reported and monitored on a regular basis.
   - iv) The extent of EAP duplication of services is assessed as part of performance evaluation.

#### Suggested Evaluation Criteria
The EAP vendor proposal response should address:
A) Specific policies and procedures for identifying potential sources of duplication.
B) Methods of addressing duplication when it occurs.
C) Methods of monitoring to ensure that duplication does not occur.
Overview of the RFP Proposal Scoring Tool: The Proposal Scoring Tool enables employers to assess the extent to which the Practice Recommendations have been adopted by plan administrators and/or program vendors.

<table>
<thead>
<tr>
<th>RFP Response Scoring Model</th>
<th>Based on the proposal response, select from the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The proposal response provides general support for the referenced evaluation criteria, but does not provide specific detail about its approach.</td>
</tr>
<tr>
<td>2</td>
<td>The proposal response specifically supports one or more of the stated evaluation criteria. The response provides little or no evidence that this process has been institutionalized or that the process is consistently administered.</td>
</tr>
<tr>
<td>3</td>
<td>The proposal response reflects a structured approach designed to address the general intent of the Practice Recommendation, and the approach is supported by formal policies and administrative and reimbursement procedures.</td>
</tr>
<tr>
<td>4</td>
<td>The proposal response reflects a detailed process, backed by statistical and analytical capabilities, that supports specific, measurable objectives for the noted Practice Recommendation.</td>
</tr>
<tr>
<td>5</td>
<td>The proposal response contains explicit examples of how the detailed process(es) supported by analytical capabilities (see 4) has been implemented, indicating a level of maturity and robust understanding of the Practice Recommendation. This could include key findings that have led to improved processes, guidelines and practices.</td>
</tr>
</tbody>
</table>

Tool Four: Proposal Scoring Tool

<table>
<thead>
<tr>
<th>Practice Recommendation Number</th>
<th>Request for Proposal Questions</th>
<th>1 General</th>
<th>2 Supports</th>
<th>3 Structured</th>
<th>4 Detailed</th>
<th>5 Robust</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1a</td>
<td>Does the MCO/HMO require providers to screen patients being treated for a chronic or persistent medical illness for depression, using a standardized instrument?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1.1b</td>
<td>Does the MCO/HMO reimburse depression screening procedures as a unique lab test?</td>
<td></td>
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<tr>
<td>1.2</td>
<td>Does the MCO/HMO reimburse approved providers for screening, assessing, and diagnosing behavioral health conditions as a primary or secondary health condition?</td>
<td></td>
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<tbody>
<tr>
<td>1.3</td>
<td>Does the MCO/HMO promote the approved provider’s efforts to adopt and maintain key aspects of collaborative care when treating depression in the general medical setting?</td>
<td></td>
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<tr>
<td>1.4</td>
<td>Does the MCO/HMO require approved general medical providers who refer patients for specialty behavioral health services to actively coordinate and monitor (manage) each patient’s treatment?</td>
<td></td>
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<tr>
<td></td>
<td>Does the MCO/HMO require approved providers who administer treatment for a behavioral health condition including a prescription for psychotropic medication, to document a behavioral health diagnosis in the patient’s record?</td>
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<tr>
<td>1.5</td>
<td>Does the MCO/HMO require approved providers who diagnose and initiate treatment for a behavioral health condition to manage the treatment?</td>
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<tr>
<td>1.6</td>
<td>Does the MCO/HMO require approved providers to adopt nationally accepted practice guideline(s) for prescribing and monitoring psychotropic medications?</td>
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<tr>
<td>1.7</td>
<td>Does the MCO/HMO evaluate the performance of its provider network against the practice guidelines adopted by the employer for prescribing and monitoring medication?</td>
<td></td>
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<tr>
<td>1.8</td>
<td>Does the MCO/HMO adopt standardized measurement and reporting on the prescribing patterns of approved providers?</td>
<td></td>
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<tr>
<td>1.9</td>
<td>Does the MBHO annually assess access to evidence-based treatment options for individuals (including children) with serious mental illness?</td>
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<tr>
<td>2.2</td>
<td>Does the company’s behavioral health plan design cover evidence-based treatment options for individuals (including children) with serious mental illness?</td>
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<tbody>
<tr>
<td>2.4</td>
<td>Does the MBHO require behavioral health specialists who receive referrals from general medical providers to submit progress reports to the referring approved provider?</td>
<td></td>
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<td>2.5</td>
<td>Does the MBHO require behavioral health specialists to adopt nationally accepted practice guideline(s) for prescribing and monitoring psychotropic medications?</td>
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<td></td>
</tr>
<tr>
<td>2.6</td>
<td>Does the MBHO evaluate its network providers’ performance against nationally accepted practice guideline(s) for prescribing and monitoring psychotropic medications?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Does the MBHO maintain administrative provisions to adopt standardized measurement and reporting on providers’ patterns of prescribing medication?</td>
<td></td>
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<tr>
<td>3.1</td>
<td>Does the PBM require providers to adopt nationally accepted practice guideline(s) for prescribing and monitoring psychotropic medication?</td>
<td></td>
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<tr>
<td>3.2</td>
<td>Does the PBM require standardized measurement and reporting on prescribing patterns?</td>
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<tr>
<td>4.2</td>
<td>Does the condition management vendor screen all enrolled patients for depression and coordinate care with behavioral health specialists in cases where there is a probability of behavioral health co-morbidity?</td>
<td></td>
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<tr>
<td>4.3</td>
<td>Does the condition management vendor incorporate behavioral health services into condition management programs for individuals with co-morbid physical and behavioral health conditions?</td>
<td></td>
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<tr>
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<td>4.5</td>
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<td>6.1</td>
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## Tool Four: Proposal Scoring Tool

<table>
<thead>
<tr>
<th>Practice Recommendation Number</th>
<th>Request for Proposal Questions</th>
<th>1 General</th>
<th>2 Support</th>
<th>3 Structured</th>
<th>4 Detailed</th>
<th>5 Robust</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2</td>
<td>Does the EAP vendor ensure that EAP professionals maintain minimum professional credentials?</td>
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<td>6.3</td>
<td>Does the EAP vendor coordinate and integrate its services across the health benefits plan and related human resource functions?</td>
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<td>6.4</td>
<td>Does the EAP vendor quantify the impact of EAP services on organizational performance?</td>
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<tr>
<td>6.5</td>
<td>Does the EAP program vendor identify and address potential redundancies with employee health plan benefits and/or other human resource programs?</td>
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</tbody>
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